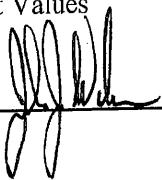


VERIFICATION OF CALIBRATION REPORT
Of DataMaster cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N <u>130296</u> ✓	
Supervisor/Operator Performing the Verification Procedure:	
Name <u>John J. Waldron</u> ID# <u>3392</u> Date <u>12/14/08</u> ✓	
A. Agency <u>Unalaska Department of Public Safety</u> Phone <u>907-581-1233</u>	
Instrument Location <u>Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685</u> ✓	
Alco S/N X301573 ^{X172985} _{COB 12/18/08} Target Value <u>.083</u> ✓ High Pressure <u>1100</u>	
B. Alco Test Values	
1 st Test Value <u>.085</u> ✓ 2 nd Test Value <u>.084</u> ✓	
Signature <u></u> ✓ COB 12/23/08	
(OVER)	

(Do not write in the area below)

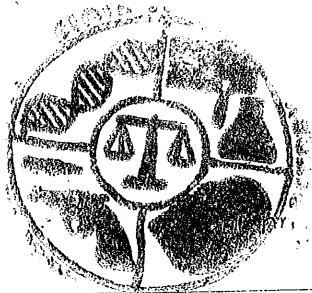
Under the Alaska Rules of Evidence, I certify that;

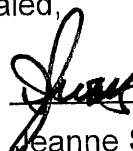
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, John J. Waldron, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

12/23/08

Date

VERIFICATION OF CALIBRATION REPORT
Of DataMaster cdm BreathTest Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N 130296 ✓

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392
Department and Date: Unalaska DPS,

(CONTINUED FROM FRONT PAGE)

C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE
DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

DECEMBER 14, 2008 ✓

OPERATOR'S NAME: *COS 12/23/08*
WALDRON/JOHN/J

OPERATOR'S NUMBER: 3392

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: 0123456789

DEPT/AGENCY: UNK1

CASE/REPORT: 00-00000

TEST TYPE: U

ALCO TARGET VALUE: .003 ✓

ALCO S/N: X172985

--- BREATH ANALYSIS ---

.003 ADJUSTED FOR 30.17 in		
ALCO TARGET	.003	11:38
BLANK TEST	.000	11:39
INTERNAL STANDARD	VERIFIED	11:39
ALCO TV 30.19 in	.005	11:39
BLANK TEST	.000	11:40
SUBJECT SAMPLE <i>COS 12/23/08</i>	.000	11:41
BLANK TEST	.000	11:41
ALCO TV 30.17 in	.004 ✓	11:42
BLANK TEST	.000	11:42

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

DECEMBER 14, 2008 ✓

TIME 11:35

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 43c

BAROMETER: 30.19 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~■